

## DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS the specification of which

| (check one)        | [ ] is attached h         | ereto.   |                               |
|--------------------|---------------------------|--|-------------------------------|
| ,                  |                           | November 28, 1995 as<br>Serial No. 08/563,642<br>ended on (if  | applicable)                   |
|                    | una was an                |  | upproudt)                     |
|                    |                           | understand the contents of the abamendment referred to above.  | ove identified specification, |
|                    |                           | rmation which is material to the p<br>with Title 37, Code of Federal Re                                  |                               |
| application(s) for | patent or inventor's cert | under Title 35, United States of tificate listed below and have also ificate having a filing date before | identified below any foreign  |
| Prior Foreign App  | olication(s)              |  |                               |
| -                  | • • •                     |  | Priority                      |
|                    |                           |  | <u>Claimed</u>                |
|                    |                           |  | [] []                         |
| (Number)           | (Country)                 | (Day/Month/Year Filed)   | Yes No                        |
|                    |                           |  | [] []                         |
| (Number)           | (Country)                 | (Day/Month/Year Filed)   | Yes No                        |
| (Number)           | (Country)                 | (Day/Month/Year Filed)   | [ ] [ ]<br>Yes No             |
| (14umocr)          | (Country)                 | (Day/Month I can I ned)  | 105 110                       |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) and (b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| (Application Serial No.)   | (Filing Date)   | (Status) (patented, pending abandoned)   |
|--|---|--|
| (Application Serial No.)   | (Filing Date)   | (Status) (patented, pending abandoned)   |
| Patricia L. Prior, Reg. No. <u>33,</u><br>Dublin, Ohio 43017, Telephone<br>substitution and revocation, to p | 758, c/o Standley & Gilcre<br>No. (614) 792-5555 my attor<br>rosecute this application and rewith. All correspondence s | sy S. Standley, Reg. No. 34,021 and/or st, 555 Metro Place North, Suite 500, meys, with full power in each of them, of to transact all business in the Patent and should be sent to the attention of Jeffrey |
| made on information and belief with the knowledge that willfu  | are believed to be true; and false statements and the liction 1001 of Title 18 of the                                   | nowledge are true and that all statements further that these statements were made, ke so made are punishable by fine or United States Code and that such willful of any patent issued thereon.               |
| Full name of inventor And<br>Dr. Anth  | on Holeph M.D   | ).   |
| Date 3-5-96  |   |  |
| Residence <u>Dublin, Ohio</u>  | H   |  |
| Citizenship <u>United States of An</u>   | nerica  |  |
| Post Office Address 5442 Rive  | erside Drive, Dublin, Ohio 430  | 017  |
|  | I hereby certify th<br>Postal Service as<br>Patents_and Trade   | FICATE OF MAILING BY FIRST CLASS MA. at this correspondence is being deposited with the United Stat first class mail in an envelope addressed to Commissioner of emarks, Washington, D.C. 20231 on           |

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Typed or printed name of person depositing this mailing

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| 4 1996 6  |  |        |
| Applicant | t. Dr. Anthony Joseph                            |        |
|           | 's Docket No.: 1151-002                          |        |
| Serial No | o.: <u>08/563,642</u>                            |        |
| Filed: N  | November 28, 1995                                |        |
| For S     | SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PA | TIENTS |

## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.27(A)) - INDIVIDUAL

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS by inventor, Dr. Anthony Joseph, described in:

| [ ] | the specification filed | herewith.                     |      |
|-----|-------------------------|-------------------------------|------|
| [X] | application Serial No.  | 08/563,642 filed November 28, | 1995 |

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

| NAME           |                          |                        |
|----------------|--------------------------|------------------------|
| ADDRESS        |                          |                        |
| []INDIVIDUAL [ | ] SMALL BUSINESS CONCERN | NONPROFIT ORGANIZATION |

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING \_\_Dr. Anthony Joseph

| ADDRESS OF PE | RSON SIGNING _ | 5442 Riverside Drive, Dublin, Ohio 43017   |
|---------------|----------------|--|
| SIGNATURE     | Anthony        | John miss  |
| DATE          | 7-5-96         |  |
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|               |                | · · · · · · · · · · · · · · · · · · ·  |
|               |                | CERTIFICATE OF MAILING BY FIRST CLASS MAIL  I hereby certify that this correspondence is being deposited with the United States  Postal Service as first class mail in an envelope addressed to Commissioner of  Patents and Trademarks, Washington, D.C. 20231 on |
|               |                | March 8, 1996  |
|               |                | March 8, 1996  Date of Deposit  Lori A. Kessen   |
|               |                | Typed or printed name of person depositing this mailing  |
|               |                | Sori a. Kessen   |